

In brief

China confirms fourth SARS case: China has confirmed a fourth case of severe acute respiratory syndrome (SARS) in the southern Chinese province of Guangdong. A 40 year old doctor, the director of a hospital in Guangzhou, developed symptoms on 7 January, was admitted to hospital on 16 January and discharged last week.

Deaths from probable and confirmed vCJD reach 139: The number of deaths from confirmed variant Creutzfeldt-Jakob disease (vCJD) reached 103 at the end of January, with another 36 deaths from probable vCJD. The number of deaths from the condition each year from 1999 to 2003 were 15, 28, 20, 17, 18.

NHS University announces its principal partner: The NHS University (NHSU) this week announced that its principal academic partner will be the University of Warwick, and there will be a further 11 regional academic partners, working mainly in consortiums. These partners will help with NHSU's aim of transforming learning in health and social care. The list can be found at www.nhsu.nhs.uk

Champions of food supplements can take case to Europe: Groups opposed to new European Union rules on vitamins and food supplements have won their fight to take the matter to the European Court of Justice. The High Court in London has ruled that their case could be referred to judges in Luxembourg. Under the new rules, which come into effect from August 2005, supplements will have to bear labels giving detailed information on their content and warn of the dangers of exceeding the manufacturer's recommended intake.

WHO reports outbreaks of cholera in Chad and Mozambique: The World Health Organization has reported a total of 131 cholera cases and 11 deaths in Chad during the last six weeks of 2003, after the collapse of the water system in the southern town of N'djamena, and 3699 cases and 19 deaths in Mozambique between 20 December 2003 and 20 January 2004.

Patients can be made to have HIV test to protect doctor

Tony Sheldon *Utrecht*

Dutch doctors have welcomed a Supreme Court ruling that a patient can be ordered to give blood for an HIV test in order to limit injury to a doctor during treatment.

After an appeal process lasting more than two years, the court concluded that the need to limit the damage to a doctor outweighed the relatively minor infringement of the patient's rights.

The judgment goes beyond previous similar cases, which involved a rape or biting by someone suspected of being HIV positive. In such cases, a patient not accused of deliberately or irresponsibly spreading an infection was still required to cooperate.

In 2001 a doctor in a dental surgery at the Alkmaar Medical Centre, north of Amsterdam, removed a molar from a remand prisoner. In doing so, he cut his finger on an instrument used in the treatment, resulting in blood contact with his patient.

The patient was considered to have an increased risk of HIV infection because of a history of drug misuse. However, the doctor's request for a blood sample was rejected for fear it could influence the patient's forthcoming trial. The doctor successfully took legal action to order the patient to give blood, with the results being made known only to the doctor and the patient's legal representative. Meanwhile, he had begun prophylactic treatment despite possible "serious and damaging" side effects.

The case was appealed finally to the Supreme Court on the grounds that it violated rights to privacy and physical integrity enshrined in the Dutch constitution. The Supreme Court concluded that the violation of the patient's right was "relatively

minor" as the blood test involved no danger to the patient's health and the results could be restricted to only those who needed to know. This was outweighed by the doctor's interest in knowing if he was infected with HIV especially if he was considering beginning treatment with serious side effects.

The court argued the medical treatment agreement could involve "reasonable and fair" limits to rights, including a degree of care towards each other. "The patient can be required, even after the end of the agreement, to act within reasonable limits, to restrict damage caused to the doctor during treatment."

Johan Legemaate, coordinator of legal policy for the Royal Dutch Medical Association (KNMG), said the case had a big psychological impact on doctors, who have felt that discussions about patients' rights were often one sided. "It does not change the overall situation of patients' rights and doctors' duties but it is very important for doctors to feel that, in specific situations, they have rights too," he said. □

Quebec will make doctors disclose their HIV status

David Spurgeon *Quebec*

Quebec's health minister and the province's College of Physicians are preparing a mandatory disclosure policy for doctors who are HIV positive, after Montreal's Hôpital Ste Justine had to offer HIV testing to 2614 patients who had been operated on by a paediatric surgeon with HIV infection.

Under the new policy, doctors infected by HIV or other contagious pathogens will have to disclose their condition to hospital or college authorities, but the health minister, Philippe Couillard, ruled out mandatory HIV testing for doctors.

He told a news conference: "The scenario of systematic (HIV) testing of doctors appears to be ethically questionable, not to mention unworkable. It raises numerous questions regarding confidentiality. And testing can create a false sense of security."

The paediatric surgeon involved was Dr Maria Di Lorenzo, who contracted the virus

while treating a baby at the hospital in 1990. Although she disclosed her status to the hospital the following year after being tested, she continued working under strict precautions. Between 1996 and 2003 hospital authorities lost track of documentation of her condition and



Paediatric surgeon Dr Maria Di Lorenzo contracted HIV from treating a baby

were unaware of it until they were told by another doctor on 9 January 2004. Dr Di Lorenzo died last August, aged 48, after taking medical leave.

Ten thousand phone calls were received by the hospital in the five days after it sent letters to her patients. Hospital officials said the risk of patients having been infected by Dr Di Lorenzo were extremely low. None of more than 900 blood tests completed on 1200 patients given appointments were HIV positive.

Dr Sunil Patel, president of the Canadian Medical Association, told Canadian Press he was not aware of any province that forced doctors to make such a disclosure, but he said that "if a physician knows they have HIV, then they must engage in a meaningful discussion with their ethics committee in the hospital where they practise."

● In the United Kingdom, there is no mandatory requirement on doctors to disclose their HIV status to their employers. But guidance from the General Medical Council says that any doctor who acquires a serious communicable disease must promptly seek and follow advice from a suitably qualified colleague. □